- -ALL DOGS AND CATS OVER 4 MONTHS OF AGE MUST BE CONTINUOUSLY VACCINATED AGAINST RABIES. AND LICENSED
- -THE FINE FOR AN UNVACCINATED PET IS \$500: THE FINE FOR AN UNLICENSED PET IS \$100
- LICENSING OFFICE HOURS ARE 9:00 AM TO 5:00 PM MONDAY THROUGH FRIDAY

## NOTE: RABIES CERTIFICATE MUST BE SUBMITTED WITH EACH APPLICATION PLEASE MAKE CHECK OR M.O. PAYABLE TO MONTGOMERY COLINTY

1. IF YOUR PET IS NOT ALTERED (SPAYED OR NEUTERED) AND OVER ONE YEAR OLD YOU MUST LICENSE YOUR PET TO THE END OF THE CURRENT RABIES VACCINATION, UP TO THREE YEARS. CHECK THE EXPIRATION DATE OF YOUR PET'S RABIES CERTIFICATE AND PAY THE FEE BELOW:

IF RABIES VACCINATION EXPIRES IN: 2 TO 12 Months, the License Fee is \$25.00

13 TO 24 Months, the License Fee is \$50.00

25 TO 36 Months, the License Fee is \$75.00

IF YOUR PAYMENT IS LESS THAN THE AMOUNT REQUIRED TO LICENSE YOUR PET TO THE EXPIRATION DATE OF THE RABIES VACCINATION, YOUR LICENSE APPLICATION WILL BE RETURNED TO YOU FOR ADDITIONAL PAYMENT. (NOTE: A PRO-RATED REFUND IS AVAILABLE IF YOUR PET IS ALTERED DURING THE LICENSING PERIOD. SEND PROOF OF ALTERING AND YOUR PET'S CURRENT LICENSE TAG NUMBER)

- 2. IF YOUR PET IS ALTERED (SPAY/NEUTER CERTIFICATE MUST BE SUBMITTED, OR SPAY/NEUTER AFFADAVIT ON FRONT OF THIS APPLICATION MUST BE SIGNED) A. REGULAR LICENSE (1 YEAR) \$12.00; EXTENDED LICENSE (3 YEARS) \$32.00 (RECENT 3-YEAR RABIES VACCINATION REQUIRED FOR EXTENDED LICENSE) B. REDUCED FEE LICENSE AVAILABLE FOR PUBLIC ASSISTANCE RECIPIENTS ONLY (PROOF OF PUBLIC ASSISTANCE REQUIRED, ALTERED PETS ONLY) ONE YEAR - \$6.00, THREE YEARS - \$16.00 (RECENT 3-YEAR RABIES VACCINATION REQUIRED FOR 3-YEAR LICENSE)
- 3. IF YOUR PET IS UNDER ONE YEAR OLD (ALTERED OR NOT) - THIS LICENSE WILL EXPIRE ONE YEAR FROM THE DATE OF THE FIRST RABIES VACCINATION. THERE IS NO CHARGE FOR THIS LICENSE BUT THE RABIES CERTIFICATE MUST INDICATE THE PET IS UNDER ONE YEAR OF AGE

IF YOU LIVE IN ROCKVILLE CITY OR GAITHERSBURG CITY, PLEASE CALL CITY HALL BEFORE USING THIS APPLICATION: ROCKVILLE 240-314-8930 / GAITHERSBURG 301-258-6343

IF YOUR PET'S TAG IS LOST, SEND 50 CENTS BY MAIL FOR A REPLACEMENT; INCLUDE PET REGISTRATION FORM IF AVAILABLE

unavailable, and I understand that a false statement is punishable

under Montgomery County law.

Sianed:

DEPARTMENT OF POLICE, ANIMAL SERVICES DIVISION

Phone: Home

14645 Rothgeb Drive, Rockville, MD 20850

Phone 240-773-5925

| _             | MON             | ITGOMERY COU                   | NTY, MARYLAND - PET RE                    | GISTRATION A                                                                                            | PPLIC                         | CATION                         |                  |
|---------------|-----------------|--------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|------------------|
|               |                 |                                | FOR OFFICE USE ONLY                       |                                                                                                         | Regular                       | Extended                       | Fee Paid         |
|               | Expires<br>se # | / / / F<br>MO DAY YR Expires _ | 1 Year Vacc. ☐ 3 Year Vacc.  / Issued / / | Altered Pet Unaltered Pet Reduced Fee Juvenile                                                          | \$12<br>\$25<br>\$6<br>NC     | \$32<br>\$75<br>\$18           | <b>s</b>         |
| PLEASE PROVID | E THE FOLLOY    | VING INFORMATION INSTRUCT      | ONS ON BACK OF WHITE COPY                 |                                                                                                         |                               |                                |                  |
| Pet Name      |                 |                                | Sex of Pet: Male Female                   |                                                                                                         |                               |                                |                  |
| Breed I       |                 |                                | Spayed or Neutered? Yes No                |                                                                                                         |                               |                                |                  |
| Color(s)      |                 |                                | Over 1 Year Old? Yes No                   | PUBLIC ASSISTANCE I<br>I hereby certify that I a<br>eligible for the reduced<br>false statement is puni | m a recipier<br>I pet license | nt of Public A<br>fee, and I u | nderstand that a |
| Owner Name    |                 |                                |                                           | Signed:(Signature and I                                                                                 | *                             |                                |                  |
| Address       |                 |                                |                                           | SPAY/NEUTER AFFAC                                                                                       | ·                             |                                |                  |
| City          |                 |                                | MD                                        | I hereby certify that this unable to reproduce, the                                                     | s pet has be                  |                                |                  |

Zip Code required

Work

NOTE: RETURN ALL COPIES OF THIS FORM